

All Comer Webinar: Medi-Cal for Kids & Teens Outreach and Education Toolkit

March 1, 2023

Transcript

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Alice Hayes – 00:14	Hello and welcome. My name is Alice and I'll be in the background to support with Zoom. If you experience difficulties during this session, please type your question into the Q and A field. During today's event, live closed captioning will be available in English and Spanish. You can find the link in the chat field. We encourage you to submit questions at any time using the Q and A. There will be an opportunity for spoken comments as well. Participants must raise their hand for Zoom facilitators to unmute them to share comments. The facilitator will notify participants when we will take questions from the line, and questions will be taken in the order in which hands were raised.
Slide 2	Alice Hayes – 00:53	If you logged in via phone only, press star nine on your phone to raise your hand. Listen for your phone number to be called by the moderator, and if selected to share your comment, please ensure you are unmuted on your phone by pressing star six. If you logged in via Zoom interface, press raise hand in the reactions button on your screen. If selected to share your comment, you'll receive a request to unmute. Please ensure you accept before speaking.
Slide 2	Alice Hayes – 01:22	With that, I'd like to introduce Rene Mollow, deputy director of healthcare benefits and eligibility at DHCS.
Slide 3	Rene Mollow – 01:31	Thank you so much and good morning everyone. Happy to see everyone here today. So the first thing I wanted to start out with is just to provide a brief reminder regarding the continuous coverage unwinding. So as a reminder, the requirement will end on March 31st of this year, and Medi-Cal members may lose their coverage. Medi-Cal redeterminations will resume on April 1 for individuals with a Medi-Cal renewal month of June of 2023.
Slide 3	Rene Mollow – 02:05	Our number one goal as we embark upon the continuous coverage unwinding is to minimize member burden and also to promote continuity of coverage. So how can you help us in this endeavor?

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Slide 3	Rene Mollow – 02:19	One is to become a DHCS Coverage Ambassador, and we have done a lot of work over the past year in promoting the DHCS Coverage Ambassador. There is a link where you can join the Coverage Ambassador mailing list. Today we have over 1,700 entities that have joined up to be a Coverage Ambassador for the department. And by joining the list, you'll be able to receive updated toolkits as they become available.
Slide 3	Rene Mollow – 02:47	I also encourage you to check out our Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan. This plan was updated on January the 13th, and we are planning a more current update shortly. But at the same link, you can find that updated information. And this unwinding plan provides the comprehensive scope of activities that the department will be doing to do unwinding for the public health emergency. And again, as a reminder, the federal public health emergency will cease to be operational as of May 11th of 2023.
Slide 4	Rene Mollow – 03:37	Next slide please.
Slide 4	Rene Mollow – 03:40	So in terms of our continuous coverage unwinding strategy, so on February 8th, we did launch a Medi-Cal renewal campaign, and this is a broad and targeted public information education and outreach campaign to help raise awareness among our Medi-Cal members about the return of Medi-Cal redeterminations, again, when the continuous coverage requirement ends on March 31st. And the campaign will complement the efforts of our ambassadors, which again was launched last year.
Slide 4	Rene Mollow – 04:12	Oh, prior slide, please. Thank you.

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Slide 4	Rene Mollow – 04:17	So in terms of our Phase 2 Toolkit, this now focuses on Medi-Cal renewals and can be customized by our Coverage Ambassadors. In terms of the campaign that is being launched, we are working with a vendor who is going to be doing work in terms of media buys, radio buys, advertisements in the newspapers and the like, in terms of now starting to educate Medi-Cal members about the steps that they need to take regarding responding to renewal information that individuals may now receive from our county partners.
Slide 4	Rene Mollow – 04:59	So we're also directing Medi-Cal members to our newly launched keepmedicalcoverage.org website. This includes information and resources for Medi-Cal members to update information and also to find their local county offices, and then also encourages them to sign up for information to receive email or text updates from DHCS.
Slide 4	Rene Mollow – 05:27	Again, in terms of the unwinding efforts that we're looking to implement, Medi-Cal renewals will resume April 1 of 2022 and individuals and the renewals strategy that we'll be using will focus on the month in which a person was made eligible for the Medi-Cal program. But again, all of these details can be found on our unwinding page through the unwinding plan, and it does give detailed information in terms of the steps we'll be taking regarding Medi-Cal unwinding efforts.
Slide 4	Rene Mollow – 06:07	And so with that, I'm going to now turn it over to my colleague, Pam, to now start talking about the Medi-Cal for Kids and Teens education and outreach strategy. Pam?
Slide 5	Pamela Riley – 06:21	Thank you, Rene. And good morning everyone. I am Pamela Riley. I am the chief health equity officer and assistant deputy director for quality and population health management at DHCS. I am a pediatrician by training and I also serve as the DHCS child health champion. And it is my pleasure to share with you today our Medi-Cal for Kids and Teens toolkit that was launched on the DHCS website last month. Oh, February last month.

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Slide 5	Pamela Riley – 06:53	So this newly developed toolkit is really designed to educate and inform families, providers, and managed care plans in Medi-Cal about the federal Early Periodic Screening, Diagnostic and Treatment, or EPSDT benefit. So what is EPSDT? Let's start there. You likely know what it is, even if you don't know that you know what it is. And part of the challenge that we're trying to address is really to increase information about all of the benefits children and youth are entitled to in Medi-Cal.
Slide 5	Pamela Riley – 07:28	So federal law enacted in 1967 established the Early Periodic Screening, Diagnostic and Treatment benefit program, which requires comprehensive age appropriate healthcare services be provided to all Medi-Cal enrolled children and youth up to age 21.
Slide 5	Pamela Riley – 07:45	The requirements include preventive screening, diagnostic services, and treatment services. And these requirements are more comprehensive than they are for adult care. So part of our main goal with this toolkit is to help people understand the benefit so that members can use it so that kids and teens get the right care in the right place at the right time that meets their needs.
Slide 6	Pamela Riley – 08:12	Next slide please.
Slide 6	Pamela Riley – 08:19	So many of you may be familiar with the challenges that we've faced in terms of making sure kids and teens get the preventive care that they need. There has been historic underutilization of children's preventive services that only worsened during the pandemic, and this is part of our strategy to address that.
Slide 6	Pamela Riley – 08:37	Last year, DHCS released Medi-Cal strategy to support health and opportunity for children and families, which outlined what DHCS is currently doing in terms of supporting kids and families and identifying new areas of opportunity to better meet the needs of kids and teens.

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Slide 6	Pamela Riley – 08:57	And a key initiative in that is supporting outreach, developing this outreach and education toolkit on the intent and the scope of the Medi-Cal benefit for kids and teens, really with a goal of increasing understanding of the benefit among members, families, providers, and managed care programs in order to increase utilization and awareness of the benefit and hopefully facilitate kids getting more of the preventive care that they need.
Slide 7	Pamela Riley – 09:29	Next slide please.
Slide 7	Pamela Riley – 09:33	The primary goals of the toolkit are to improve member understanding of how Medi-Cal for Kids and Teens works, what it covers, its role in providing preventive care, screening, diagnostic and treatment services and services that are medically necessary.
Slide 7	Pamela Riley – 09:51	We also intend that the toolkit will help increase coordination with a range of child serving stakeholders, including managed care plans, providers, other states and local government agencies, community-based advocates and services to really partner with us on disseminating the toolkit and making sure that kids get the services that they need.
Slide 7	Pamela Riley – 10:14	And finally, we developed a standardized provider training so that providers are aware what services are available to kids and teens through EPSDT and aware of what Medi-Cal covers for kids and teens.
Slide 8	Pamela Riley – 10:33	Next slide please.
Slide 8	Pamela Riley – 10:37	Rene Mollow will go into this in more detail, but the primary components of the toolkit are first, some enrollee and member facing brochures geared towards children and teens to help members become more aware of the benefits that they're entitled to through Medi-Cal for Kids and Teens, a Medi-Cal Know Your Rights letter so that members and their families understand what they are entitled to and what recourse they have if they're not getting what is needed through their Medi-Cal benefits, and finally, a provider training component for managed care plans to disseminate to their networks.

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Slide 9	Pamela Riley – 11:18	Next slide please.
Slide 9	Pamela Riley – 11:22	We wanted to highlight that in developing this toolkit, we very much listened to feedback from members and other stakeholders to really make sure that the materials we developed were much more consumer focused and resonated with the audiences that we were trying to reach. So part of what we were able to do with support from the California Healthcare Foundation was to engage in some consumer testing of the materials prior to finalizing them.
Slide 9	Pamela Riley – 11:51	So from October to November 2022, DHCS in partnership with California Healthcare Foundation and GotoResearch conducted consumer testing on the brochures for Medi-Cal for Kids and Teens and the Medi-Cal Know Your Rights letters. Testing was conducted with parents, caregivers, teens and young adults enrolled in Medi-Cal who live across the state and who speak English or Spanish.
Slide 9	Pamela Riley – 12:17	And we conducted, really the purpose of the testing was really to gauge participant understanding of the Medi-Cal for Kids and Teens benefits and services available to children, teens and young adults up to age 21 enrolled in Medi-Cal to understand any comprehension issues with the member facing materials and the actions participants would take after reviewing materials, and to identify any language barriers, image concerns, or other issues throughout the materials that we would need to be aware of in order to refine them and make them more consumer focused.
Slide 9	Pamela Riley – 12:54	And for the sessions, we conducted three types of consumer testing sessions, the first was one-on-one observation and feedback sessions, which were interviews with parents, caregivers, teens and young adults focusing on their first time experience opening and reviewing the materials, again, getting that real-time feedback.

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Slide 9	Pamela Riley – 13:14	We conducted remote group sessions with parents, caregivers, teens and young adults who reviewed the material in advance of the discussions. And these discussions focused on their understanding of the materials and the terminology used. And finally, all participants were asked to complete a post session survey regarding their opinions on the Medi-Cal for Kids and Teens brochure and the Medi-Cal Know Your Rights letter.
Slide 9	Pamela Riley – 13:37	And in addition to a lot of valuable feedback that we got on how well these messages resonated, one of our main takeaways was that when referring to the EPSDT benefit of what's covered for Medi-Cal for kids, the consumers strongly preferred a term that included the term Medi-Cal to clarify that we are indeed talking about the Medi-Cal benefit that kids and teens are already entitled to.
Slide 9	Pamela Riley – 14:06	So it's just to be clear with the audiences that we're trying to target, that what we're referring to is the services that Medi-Cal already provides to children, teens, and young adults up to age 21. So we modified our language to refer to the EPSDT benefit in California as Medi-Cal for Kids and Teens in order to be more consumer-friendly and improve member understanding of the services that they're entitled to. In addition, we will also use the Medi-Cal for Kids and Teens terminology in our provider training materials so that this messaging resonates with providers as well.
Slide 9	Pamela Riley – 14:46	And with that, I will turn it back to Rene Mollow to go over the materials in more detail.
Slide 10	Rene Mollow – 14:52	Thank you, Pam. Oh, thank you so much. So I'm really happy to go over these materials and we're really pleased with the final products that were developed. And again, it was really based upon the feedback that we have received through the focus group testing with our families and teens and young adults, as well as key stakeholders that have an interest in helping the department in educating our Medi-Cal members regarding Medi-Cal services and what they're entitled to.

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Slide 10	Rene Mollow – 15:25	So in terms of the brochures, there's two brochures that were developed. One was targeted for kids, so individuals from 0 to age 12, and then for our teens and young adults, that's for individuals 13 up to the age of 21. And again, for Medi-Cal purposes, we consider a child in our program to be an individual up to the age of 21.
Slide 10	Rene Mollow – 15:54	The way the brochures are laid out, we tried to have consistent messaging across the two brochures where it was appropriate to have that consistent messaging. But then we did break out some key messages based upon the brochure that was being utilized.
Slide 10	Rene Mollow – 16:11	And so for the children's brochure or the kids' brochure that will be mailed to parents with kids that have children that are enrolled in the Medi-Cal program who are under the age of 12, 12 and under. And then for the individuals that are enrolled in our programs that are 13 and older, the teen brochure and the brochure designed for our teens and young adults will be mailed to them directly for their ability to receive those materials.
Slide 10	Rene Mollow – 16:45	In terms of the information that's in there, it does provide key information about Medi-Cal covered benefits that they're entitled to receive under our program. We did identify through the focus testing efforts that there were some key pieces of information in the brochures that were not initially picked up on. So we did make revisions to reflect the key messages that we wanted people to understand regarding Medi-Cal.
Slide 10	Rene Mollow – 17:16	One is that the services are free and then also that they do have an ability to receive free transportation services to covered Medi-Cal beneficiaries. When the documents were initially presented to them, that information was a little bit more buried. So we elevated that information in the brochures.

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Slide 10	Rene Mollow – 17:38	People also resonated and really liked having the key contact information. So you'll see a list of key contacts for individuals. The information is pretty much the same between the two brochures. But in the child brochure we did provide a condensed periodicity schedule for well-child visits. People really liked having that as a reference point. And then for our teens and young adults, it also focused on sexual healthcare and behavioral health services. And both of the brochures will be translated in the threshold languages and will be made available in the spring of this year for dissemination to our Medi-Cal beneficiaries.
Slide 11	Rene Mollow – 18:24	Next slide please.
Slide 11	Rene Mollow – 18:28	The other component of the toolkit is the Know Your Rights. We felt it was equally as important for people to understand their rights under the Medicaid program and in particular the entitlements that are afforded to them under the EPSDT requirements for Medicaid programs to implement.
Slide 11	Rene Mollow – 18:47	The one thing I do want to note is that when we did our focus testing with individuals, the use of the word medical necessity or medically necessary really did not resonate well with people. So we just simplified the language in the brochures to say, these are the services and supports that Medi-Cal covers for you, and you have an ability to access these services if you have a need for these services. However, in the Know Your Rights letter, we did then pivot and give some voice to the use of medical necessity for covered services under the Medi-Cal program.
Slide 11	Rene Mollow – 19:28	In the Know Your Rights, it's a very dense document. It's 11 pages in length, but it contains very good information that people felt was really helpful and useful to have. But they felt that given the amount of information, it could be overwhelming, people may not believe that it's really important. So one of the things that we did with that brochure is highlight at the very beginning that this is information that they should keep because it may be information that they may want to refer to at a later point in time.

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Slide 11	Rene Mollow – 20:04	And on the brochures, if I can go back for just a second, not to the slides, but just a comment on the brochures, people also appreciated the brevity of the information. It was comprehensive, but it was brief and it was an easy read. So that's why those materials are just a front and back or it can be available in a brochure type format. And they felt that that was easy to digest, easy to understand for individuals, especially for someone new coming into the Medi-Cal program.
Slide 11	Rene Mollow – 20:35	So in terms of the Know Your Rights, it does provide an overview of the requirements under medical necessity because EPSDT is a thing and it remains a thing for Medicaid programs. However, again, for our families, that is not a term that resonates with them. So Medi-Cal, as Pam indicated earlier, knowing that Medi-Cal covers these benefits is really what resonates with them.
Slide 11	Rene Mollow – 21:00	So in the Know Your Rights document, we also provide an overview of the appeals and the State Fair Hearing and grievance processes that can be used for both the managed care and the fee for service delivery systems. And then there's also information on steps that families can take if they believe that the care that they have requested or believe that they have a need for, if that care is denied, delayed, reduced, or stopped, then it does provide them with contact information and then how to file for an appeal or a State Fair Hearing or how to contact the ombudsman.
Slide 11	Rene Mollow – 21:37	And then there's also information on how to file for a grievance across the two delivery systems in Medi-Cal. And again, there is key contact information. Similar to the brochures, the Know Your Rights letter will be translated in the DHCS threshold languages and it will be available in the spring of this year.
Slide 12	Rene Mollow – 21:58	Next slide please.

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Slide 12	Rene Mollow – 22:01	The third component of the toolkit is the provider training. So we felt it was equally as important not only to educate our families about what is available to them under the Medi-Cal program, but also as a way to further educate providers that participate in our program about the requirements and the responsibilities that they have in terms of the provision of these services under the Medi-Cal program.
Slide 12	Rene Mollow – 22:29	So starting in January of 2024, our Medi-Cal managed care plans will be required to do provider training on Medi-Cal for Kids and Teens for their network providers who see children, teens and young adults to again ensure that they're able to best support our families and providing the full breadth of medical services that these individuals are entitled to.
Slide 12	Rene Mollow – 22:55	The brochures will provide an overview of the comprehensive set of services under state and federal law, and it also includes references regarding screening, diagnostic and treatment services. Because as a reminder, as the name implies, EPSDT is for early and periodic screening, and then based upon those screens, then we are required to offer diagnostic and or treatment services and supports based upon the needs of the individual.
Slide 12	Rene Mollow – 23:27	There is also information on medical necessity requirements for children in Medi-Cal because those medical necessity requirements are more expansive than what they are for the adults that participate in our program. And then there's also information about how the providers can help to support access to medical services for kids and teens and young adults under the Medi-Cal program.
Slide 12	Rene Mollow – 23:54	There's also information on required billing codes and then there's some specific overviews related to mental health and substance use disorder services, California Children's Services and skilled nursing services.

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Slide 12	Rene Mollow – 24:09	In terms of the provider training materials, these materials were informed by input from our managed care plans providers that participated in our program and provider associations and key stakeholders that have again, an interest in helping to ensure that across the board providers are aware of the requirements for EPSDT.
Slide 12	Rene Mollow – 24:36	The materials for the provider training, they are also posted on the Medi-Cal for Kids and Teens webpage. And again, there will be guidance that will be going out to our managed care partners regarding their obligations in terms of the dissemination of both the brochures as well as the implementation of the provider training. There will be an All Plan letter that has been sent out for a draft review that the department is also working to then finalize in terms of the delivery to our managed care plan partners.
Slide 13	Rene Mollow – 25:13	Next slide please.
Slide 13	Rene Mollow – 25:18	So as mentioned earlier, we did initiate the dissemination of these materials back in February. And so we did a very broad dissemination of these materials and there'll be an expectation that once the member brochures are translated and delivered to our managed care plans, that on an annual basis these materials are then disseminated to our Medi-Cal members.
Slide 13	Rene Mollow – 25:45	And so the managed care plans will have to make available and mail out this information to their enrollees on an annual basis. And then the department for members that are in our fee for service delivery system, then the department will have the responsibility for sending this information out to them on an annual basis.
Slide 13	Rene Mollow – 26:06	And again, that information must be published on the managed care plans website. And as we have indicated, it is also published on the DHCS website. And like I said, we have broadly shared these materials including partner or other state agencies such as Department of Social Services, Department of Developmental Services, the California Department of Education.

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Slide 13	Rene Mollow – 26:32	We've also disseminated information to our local education agencies and also with our probation colleagues that are working with us on our work that we're doing on the Justice-Involved initiative that does involve youth that are in incarcerated statuses. And then in terms of the provider training, that will be delivered to the Medi-Cal managed care plans and they'll have to deliver this training at least every two years and again, publish this on their website.
Slide 13	Rene Mollow – 27:07	A couple of things I will note in terms of the provider training, we at the department are working to secure approval to have this training certified to offer continuing medication education units or continuing education units for our nurse providers that participate in our program. And then once the training has been certified as such, then that will also be disseminated to our managed care plan partners.
Slide 13	Rene Mollow – 27:42	We have also been asked in terms of the brochures, if there may be future opportunities to do some more targeted outreach, say with school partners. So that is something that we're taking back. There's also a request about having the provider training, having that videoed and putting that out on our website. So these are some things that we're taking back based upon the great feedback that we have received since we have disseminated this information.
Slide 13	Rene Mollow – 28:11	And then there was also a request about looking at the Medi-Cal for Kids and Teens brochures because it's more general in nature, but asking about the ability to make something a little bit more focused in particular with behavioral health services. So that is something that we're taking back and we'll start to do some work on internally in terms of looking at that and what that might look like future forward.
Slide 14	Rene Mollow – 28:38	Next slide please.

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Slide 14	Rene Mollow – 28:42	So as indicated earlier, we had started to share our dissemination of this information back in February. This is just a high level timeline of our next task. We have been doing a lot of webinars just to share this information at various convenings, both at advisory committees that are convened by the department, and then also encouraging our external community partners to share this information within their own networks.
Slide 14	Rene Mollow – 29:21	And then today we have our all-comer webinar where we're sharing this information more broadly. And then again, we are in the process of working on having the materials for the kids and teens brochure and the Know Your Rights documents. Those are in the process of being translated in the threshold languages. And then they too will be made available on our website and equally disseminated out to our managed care plans for their dissemination.
Slide 14	Rene Mollow – 29:51	And then the intent is to have the materials once they have been translated, to then start disseminating to our Medi-Cal members, both in the managed care delivery systems as well as in our fee for service scopes.
Slide 14	Rene Mollow – 30:08	So with that, that concludes the remarks from both Pam and I in terms of the Medi-Cal for kids and teens outreach and education toolkit. I will now turn it over to our Manatt colleagues to start the Q and A session. Thank you so much.
Slide 15	Jennifer Eder – 30:27	Great. Thanks Rene and Pam. The first question is, will MCPs be required to send out these mailers to members and providers, or is it just a recommendation that we send these out?
Slide 15	Rene Mollow – 30:43	So I'll take that. So in the All Plan letter, it will give direction to the managed care plans in terms of the work that they need to do. So the brochures will go out to the members, but then the plans will have an obligation to inform their providers about the training.
Slide 15	Rene Mollow – 31:03	And we would encourage the plans as well to share the materials, the brochures with their providers, because our hope would be that providers would want to share this information and have it available in their offices for dissemination to our beneficiaries. We believe that over communication is better than under communication.

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Slide 15	Jennifer Eder – 31:31	Thanks, Rene. A next question is confirming the how DHCS defines a child. So the question was, I want to make sure that children for Medi-Cal coverage are considered up to the age of 21, so after 18, they are not evaluated as adults for their income level. So for not at the 138% FPL.
Slide 15	Rene Mollow – 32:02	Oh, so this is Rene, I will take that. That is correct. So let me clarify. There's a difference in terms of Medi-Cal eligibility rules and Medi-Cal benefit coverage rules. So for eligibility purposes for a child that goes up to the age of 19. And so for Medi-Cal purposes, they're considered to be targeted low income children and their income goes up to 266% of the federal poverty level. And then in three counties it's a little bit higher, it goes up to 322%. That's in San Mateo, Santa Clara and San Francisco County.
Slide 15	Rene Mollow – 32:50	For individuals 19 to 20, they are considered to be adults from an eligibility perspective in terms of their income. So their income would be up to the 138% of the federal poverty level, but they would still be entitled to the services as EPSDT because we would consider a child and the coverage of covered benefits up to the age of 21, where the EPSDT protections apply to them.
Slide 15	Jennifer Eder – 33:27	Thank you for clarifying that. The next question is, MCPs are required to send out taglines with all the materials that they send to their members. How is DHCS addressing this on the two-page brochures?
Slide 15	Rene Mollow – 33:45	So with taglines, those are usually used when the materials have not been translated. These materials will be translated, so the materials should be disseminated to individuals based upon their language that has been identified in the Medi-Cal eligibility file and the information that is received.
Slide 15	Rene Mollow – 34:16	I believe as a best practice, they may also submit that tagline in the event someone has decided that they do want something translated in a different language, but we can take that back. I think it's a fair question to ask, but usually we use the taglines when the information have not been translated. But in this instance, we base the languages based upon what people have reported in our eligibility files and then that information gets disseminated to our health plans.

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Slide 15	Rene Mollow – 34:57	But people can raise their hand at any point in time and also ask for the materials in a different language. And so that's the added value of protection for having the taglines included with those materials in the event someone wants it in a different language.
Slide 15	Jennifer Eder – 35:17	And Rene flagging that, Rebecca Boyd Anderson is the person who asked the question and she sent a follow-up question into the Q and A just saying, just providing that her plan translates into threshold languages but still has to use taglines. So I think, like you said, we can take back this question and provide more clarification.
Slide 15	Rene Mollow – 35:46	And so thanks for that. And I think again, it's likely that it's the combination of the two just in case someone has decided that no, either if it's for themselves or someone that may be assisting them that might need it in the different translation. The other thing too is the materials will also be available in alternative formats.
Slide 15	Jennifer Eder – 36:20	How will DHCS share member facing materials with LEAs?
Slide 15	Rene Mollow – 36:29	So through our colleagues here at DHCS, they have the contact information for the LEAs that participate in our program. So that's how we have disseminated the information to them. If there is an LEA that has not received the information, but would like to receive the information, they can reach out to us and then we can make sure that that information gets shared with them. But the information is also on the DHCS website at the Medi-Cal for Kids and Teens website.
Slide 15	Jennifer Eder – 37:14	Another question is more around timeline for disseminating the materials. Can you clarify, in June, will DHCS send the brochures to MCPs to disseminate to their members or will DHCS and MCPs be sending the materials at the same time?

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Slide 15	Rene Mollow – 37:38	Thank you for the question. I think it was a question that was raised in a different venue and the materials right now are in the process of being translated. So then we're going to start rolling out those materials starting in April. And so the intent is that once they come out, then the plans will start to disseminate, but their actual dissemination and the timing for that will be in the APL that will be forthcoming from the department.
Slide 15	Rene Mollow – 38:09	And again, because this is our first year releasing them, things may be staggered a little bit. But I do believe that in the APL, if I recall correctly, there is a date certain by when they should be submitted or shared out on an annual basis.
Slide 15	Jennifer Eder – 38:29	Another question about the APL is that the draft APL mentions how plans are required to also create health education material. Is that on top of the materials that we've talked about today that MCPs will be required to mail out?
Slide 15	Rene Mollow – 38:51	So this is Rene. I will take a gander and say yes, because this is just one component of the Medi-Cal program, but there's other key things about the program and what we do as a matter of routine in terms of providing covered services. So we would expect, again, based upon the plan, the populations that they're serving, the needs of that population, that if they've identified other types of educational needs, that then they would develop materials accordingly and get those materials reviewed by the department board dissemination.
Slide 15	Jennifer Eder – 39:32	Another question is, I'm wondering if managed care plans will be monitored in this requirement to mail out the materials and to do the provider training to determine their compliance. And if so, what metric will be used for this?

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Slide 15	Rene Mollow – 39:53	So that's probably outside of the scope of my abilities to opine on. I would probably say generally speaking, that there will be a requirement to demonstrate that there is compliance, but how that will be executed is really within our managed care quality monitoring division and maybe with our quality population health management. But we can certainly take that back in terms of the vision in terms of how that will be executed on by the department and what the expectations are of the plan partners.
Slide 15	Jennifer Eder – 40:37	Great. And then there's a few comments or suggestions rather for additional brochures for the department to explore in the future. One focusing on LEA BOP, another focusing on specialty behavioral health services or sensitive services for teens that could be used in doctor's offices as well as school-based clinics. So the question is just would the department consider developing these additional versions of the brochures?
Slide 15	Rene Mollow – 41:18	Yes, we can take that back. And like I shared earlier, the one for sure, and we think it's a great idea, is on the behavioral health side of things. And then we'll look at some of the others in some of the areas that people are requesting.
Slide 15	Jennifer Eder – 41:46	Okay. Another question is, does DHCS have information on what services specialty providers offer for Medi-Cal covered kids and teens or navigators to assist with this information specifically for the Sacramento region?
Slide 15	Rene Mollow – 42:13	I'm not sure I'm fully understanding the question. Jennifer, could you repeat that?
Slide 15	Jennifer Eder – 42:25	Yeah. Let me just take the first part. Does DHCS have information on what services specialty providers offer for Medi-Cal covered kids and teens?

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Slide 15	Rene Mollow – 42:42	I don't know that we have it in that way. I mean, to the extent that a child has a need and if that need cannot be met by their primary care provider, then they get referred out for specialty services. The managed care plans are required to have networks in that respect. And so either within their network or outside of their network, then they have a responsibility for making sure that children have access to those services that are medically necessary. But we don't have information per se that says this specialty provider provided this service because we don't capture enrolled providers in that respect. We would see it based upon the services that are being rendered to the individual.
Slide 15	Jennifer Eder – 43:37	We've gotten through most of the questions submitted through the Q and A. Alice, are there any hands raised? And if not, would anyone like to raise their hand and ask a question verbally?
Slide 15	Alice Hayes – 43:56	We currently don't have any hands raised.
Slide 15	Jennifer Eder – 43:58	And there's another question that has been submitted. Somebody said that the brochures look similar to the CHDP brochures and since CHDP is sun-setting, will DHCS be requesting that local CHDP offices discontinue the use of those brochures and instead use these new brochures?
Slide 15	Rene Mollow – 44:39	We will have to take that one back because I don't know what the guidance and direction has been to the CHDP offices in this respect.
Slide 15	Jennifer Eder – 44:57	I'm just looking to see if there are any other questions we haven't gotten to. There's another question about the APL and whether the APL will include information on how this will be monitored. I think you already answered that earlier. That will be included in the APL, which should be coming out final in the next few weeks.
Slide 15	Jennifer Eder – 45:32	There actually is a question Rene more about the redetermination. If somebody received their medical redetermination package and it's due in March of 2023, will their renewal be extended to 2024?

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Slide 15	Rene Mollow – 45:55	Yes. So we have all along, the counties have continued to do renewal. So our actual ability to now take a negative action will start with renewal packages that will be going out in April. But remember those renewal packages are for the June month of eligibility and we back that time up. So up until that point in time, we're still operating under the continuous coverage requirements that way.
Slide 15	Rene Mollow – 46:38	And the counties have been doing renewals, there are certain renewals that they can do automatically where the person doesn't have to do anything, they'll get a notice that says your coverage has continued. And then for others, if they have a need to obtain additional information, they'll get that pre-populated package that says we need this additional information. But the counties will not act and take a negative action until they start working on the renewals come April going forward.
Slide 15	Rene Mollow – 47:09	And a way to help know you need to start paying attention is looking for that yellow envelope. There will be a yellow envelope that will be used to help people know, hey, this is something I need to pay attention to. This is something that I need to act on.
Slide 15	Rene Mollow – 47:27	And you'll see in the materials that are going out for our coverage campaign for the unwinding, you'll see a little figure going to a mailbox and they have in their hand a little yellow envelope. So we want to make sure people are focused on the right things. So pay attention to those yellow envelopes. Not to say what you're receiving today is not important, but just know that until you start seeing those yellow envelopes, we still operate under the same rules of engagement of the continuous coverage requirement.
Slide 15	Jennifer Eder – 48:05	Thank you. So that is it. I think we've gotten to all of the questions. So Alice, I'll check in with you again to see if anyone has raised their hand to ask a question live.
Slide 15	Alice Hayes – 48:21	No hands raised, no. Nope.
Slide 15	Jennifer Eder – 48:27	Okay. Well, then I think Rene, I'll hand it over to you and Pam to close us out.

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Slide 16	Rene Mollow – 48:36	Well, very good. Thank you, Jennifer. So on behalf of the department, first and foremost, thank you all so much for your time and attention today and for your great questions. I really appreciate it. Please check out our website for Medi-Cal for Kids and Teens. Also check out our website for Keep Your Medi-Cal. Very important information, very useful information. And so with that, Pam, I don't know if you have any closing remarks.
Slide 16	Pamela Riley – 49:07	Just wanted to echo Rene's thanks. We really appreciate your interest and your support and look forward to continuing to partner with all of you to make sure that kids and teens get the services that they need. So thank you all very much.
Slide 16	Rene Mollow – 49:23	Thank you all so much. Take care and have a good rest of your day.